

## Foster Family Home - Corrective Action Report

Provider ID: 1-620832

Home Name: Carmelita Makolo, CNA

Review ID: 1-620832-8

94-168 Kupuna Loop

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 12/30/2019

### Foster Family Home

### Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification completed.

Corrective Action Report issued during home inspection with all items due to CTA by 1/30/20.

6.(d)(1)- see applicable sections of the review

### Foster Family Home

### Background Checks

[11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2)- CG#1 APS/CAN expired 8/8/19 and renewed on 8/31/19; CG#2 and CG#3 APS/CAN expired on 11/29/19 and renewed on 12/10/19.

### Foster Family Home

### Personnel and Staffing

[11-800-41]

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(b)(4)- CG#2 without a substitute caregiver disclosure form in home binder.

41.(b)(7)- TB clearance expired on 3/3/19 for CG#2.

41.(c)- CG#2 with 2 hours (required 12 hours for a 3 client CCFFH) of annual in-service for the past 12 months.

41.(g)- CG#2 has no basic skills RN delegation done for Client #3.

# Foster Family Home - Corrective Action Report

## 3 Person Staffing

## 3 Person Staffing Requirements

## (3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2) Staff- No Client-Sign Out forms seen in home binder for the past 12 months.

## Foster Family Home

## Client Care and Services

[11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)- No RN basic skills delegation done on basic skills checklist, [REDACTED] for Client #2. For Client #3, no RN delegation on [REDACTED]

## Foster Family Home

## Fire Safety

[11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a)- No monthly Fire Drills conducted for the past 12 months.

## Foster Family Home

## Client Rights

[11-800-53]

53.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

Comment:

53.(a)- Admission Policy and Agreement for Client #3 not seen in CG#1's home binder or client's binder.

## Foster Family Home

## Records

[11-800-54]

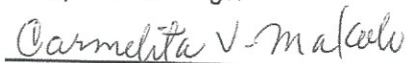
54.(c)(5) Medication schedule checklist;

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(c)(5)- Medication discrepancies noted on Clients #1, #2, and #3.  
For Client #1- MAR is noted to have CG#1's signature/initial on for 12/31/19 (current inspection date is 12/30/19).  
For Client #2- one medication is currently not available but has current MD order and listed in Medication Administration Record. Another medication is not listed in MAR, medication bottle is available with current MD order.  
For Client #3- one medication bottle is not available but has current MD order and listed in MAR.  
54.(c)(6)- Client #3's Care Flowsheet not completed/signed since 12/12/19.

  
Compliance Manager

  
Primary Care Giver

12/30/19  
Date

12-30-19  
Date



Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: Carmelita V. Makolo

CCFFH Address: 94-168 Kupuna lp. Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
3.(a)(2)	CG#1 Showed OTA Compliance Manager during home inspection the current AFS/GAL for CG#1, CG#3, and CG#3. Documents were filed in home binder.	01/28/20	Home understands the background check requirements. Home will use calendar on smart phone to input all due dates to prevent any future lapses.
41.(b)(4)	CG#2 completed the substitute caregiver disclosure form filled in home binder.	01/28/20	Put a spreadsheet on laptop home binder highlight what is due 2 months before expiration.
41.(b)(7)	TB clearance was obtained for CG#2. It was placed into home binder.	01/28/20	Home will use a spreadsheet on laptop to identify when requirements are due 2 months before they expire to allow time to get them done before they are due

Primary Caregiver's Signature: Carmelita V. Makolo

Print Name: Carmelita V. Makolo

Date of Signature: 2/14/2020

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: Carmelita V. Makolo

CCFFH Address: 94-168 Kapuna Lp. Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(c)	Obtained CG#2 current in-service papers. Certificates were filed in home binder.	01/28/20	Home will contact CG#2 for reminder of update in-service papers 2 months before recommended to allow time to obtain papers needed.
41.(g)	RN delegation was done for CG#2 by client's CMA RN. It was placed into the client's chart.	01/28/20	Home will notify client's CMA that RN delegation needs to be performed within 10 days of a caregiver being added to the home. Home has developed a calendar in the front of the personnel binder with all due dates.
(3P)(b)(2)	Home has updated the sign in and out and put in the home binder.	01/28/20	Home will timely complete the sign in/out sheet. All caregivers were instructed to do so.

Primary Caregiver's Signature: C. Makolo

Print Name: Carmelita V. Makolo

Date of Signature: 2/14/2020



Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: Carmelita V. Makolo

CCFFH Address: 94-1168 Kupuna Ln. Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
43(c)(3)	Basic skills [redacted] were delegated by CMA RN for all caregivers on client #2 and client #3. Signed forms were filed in each client's chart/binder.	1/28/20	In the future, CMA RN will be contacted in a timely manner to perform delegations with 2-3 days of adding new caregivers.
46(a)	Monthly fire drill was conducted on 1/29/20. Completed form has been put in home binder.	1/28/20	Fire drills will be done by each caregiver at least once a year. Home developed a scheduled and has it posted on the refrigerator.

Primary Caregiver's Signature: Carmelita

Print Name: Carmelita V. Makolo

Date of Signature: 2/14/2020

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: Carmelita V. Makolo  
CCFFH Address: 94-168 Kupuna Ln. Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
53(a)	Admission Policy and agreement was explained to client #3 / POA by CG#1. A copy was provided to client #3 / POA. Original form was filed in home binder.	1/28/20	Every New client's admission to home CG#1 will timely explain to client / POA the CCFFH Admission Policy and Agreement.
54(c)(5)	Medication discrepancy was corrected by client's CMA, MD and CG#1 on client's Medication Administration Record.	1/28/20	CG#1 will look at all medication orders, bottles and MAR to ensure all match before giving any new medication. Home will notify CMA, Pharmacy and/or doctor if they are different.
54(c)(6)	CG#1 updated Client #3 flow sheet signed and filed in Client #3 binder.	01/28/20	CG#1 and caregivers will document in a timely manner to keep client's records updated.

Primary Caregiver's Signature: Carmelita

Print Name: Carmelita V. Makolo

Date of Signature: 2/14/2020